



# Prairie Notes

Division of Mental Health and Substance Abuse Services

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## Suicide Prevention in North Dakota

“Empower communities to reduce injuries and deaths resulting from suicidal behavior.”  
-North Dakota Suicide Prevention Task Force Mission-

Suicide, a tragic and potentially preventable public health problem, is the leading cause of violent deaths worldwide, outnumbering homicide or war-related deaths (World Health Organization 2002 *World Report on Violence and Health*).

Suicide has taken the lives of people for centuries. Reactions to suicide and ideas of what to do have varied over time. Only recently have the knowledge and tools become available to approach suicide as a preventable problem.

Research has shown that more than 90% of people who commit suicide have depression or another diagnosable mental health or substance abuse disorder, often in combination with other mental health disorders.

### National Information

Prevention strategies should be selected based on evidence-based research and implemented at both the local community and state levels.

#### Highlights of the History of Suicide Prevention Efforts in the United States

- 1958 - The first suicide prevention center was established. Other crisis intervention centers were established across the country.
- 1966 - The Center for Studies of Suicide Prevention was established at the National Institute of Mental Health.
- July 1999 - “The Surgeon General’s Call to Action to Prevent Suicide” was released, outlining recommended steps toward suicide prevention in the United States. Recommendations from a conference the year before generated 15 major recommendations that were incorporated into the national strategy focusing on Awareness, Intervention, and Methodology, better known as “AIM.”
- 2001 - The National Strategy for Suicide Prevention, a blueprint for change, represents the combined work of advocates, clinicians, survivors, and researchers.
  - Awareness of suicide prevention will be heightened
  - Suicide prevention needs to be a national priority.
  - 39 states have a suicide prevention plan.

“The Suicide Prevention Action Network (SPAN USA) has formed the national Scientific Advisory Council, a committee of leading researchers and scientists, to provide SPAN USA with the best scientific information related to prevention of suicide, attempted suicide and contributing risk factors; to advance public policies that prevent suicide; and to insure that initiatives are evidence-based and originate from the most promising scientific and clinical information in the field” (Mental Health Weekly, October 16, 2006).

**State Information/Data**

While there were numerous regional and local suicide prevention efforts, it was not until 1999 that the North Dakota Adolescent Suicide Prevention Task Force was formed. The primary focus of the prevention effort was adolescents and young adults.

This plan was comprised of three strategies:

- 1) Awareness and education (implemented in 2000)
- 2) Increased treatment access (implemented in 2001)
- 3) Resiliency and asset building (implemented in 2002)

The three strategies have been implemented over the years with the following results:

- The number of rural and tribal coordinators has continued to expand (2003).
- A rapid community mobilization system to target suicide contagion or high impact areas of the state was developed in 2003 and instituted in 2004. This system includes:
  - Peer Mentoring
  - Support Groups
  - Screening Efforts
  - Crisis Response
  - Teen-Led Efforts
- The first North Dakota Suicide Prevention Conference was held in 2004.
- Survivors and stakeholders became involved in legislative efforts (2004).
- After a meeting of the task force in May 2005, it was decided that a more comprehensive plan was necessary. The results of a strategic planning effort led to the development and subsequent publication of the North Dakota Suicide Prevention Plan.

Suicide rates can be influenced by alcohol and substance abuse. North Dakota ranks very high in these areas when compared to other states, particularly binge drinking. Coalitions for alcohol prevention and injury prevention exist in many communities.

Community responses:

- Models of multidisciplinary problem-identification teams exist at state and community levels.
- The small population of North Dakota serves well to connect people and provide the opportunity for communication and collaboration.
- Many people are willing to get involved in their communities. Community leaders are supportive of suicide prevention efforts.

**Implications**

The long-term rate of suicide in North Dakota has remained relatively stable, despite previous prevention efforts.

Suicide prevention is ever changing. The North Dakota Prevention Plan is intended to change as new knowledge, practice, and evidence-based reporting is gathered.

Recognized barriers that exist in North Dakota include:

- Limited funding for prevention efforts
- A shortage of mental health professionals
- A general lack of awareness and understanding of the problem

**Department/Community Response**

A prevention plan was developed by the North Dakota Suicide Prevention Task Force to reduce the number of suicides in the state. The Mental Health Association in North Dakota and the North Dakota Department of Health Injury Prevention Program were the lead agencies for the plan and directed the task force.

The North Dakota Suicide Prevention Task Force was reorganized into the North Dakota Suicide Prevention Coalition. The work will continue in coordination with the Suicide

Prevention Program within the Division of Injury Prevention and Control in the North Dakota Department of Health. The Department of Human Services Division of Mental Health and Substance Abuse Services is a member of the North Dakota Suicide Prevention Coalition.

The Department of Health's Suicide Prevention Program received the Garrett Lee Smith, State and Tribal Youth Suicide Prevention Grant from SAMHSA (Substance Abuse and Mental Health Services Administration) to focus on suicide prevention in 10-24 year olds in North Dakota. The overarching goal is to have a sustainable statewide suicide prevention program within the Department of Health in 3 years.

### **Links/Outside Resources**

National Strategy for Suicide Prevention: Goals and Objectives for Action

<http://www.mentalhealth.org/suicideprevention>

National Suicide Prevention Resource Center, SAMHSA <http://www.sprc.org/>

American Foundation for Suicide Prevention <http://www.afsp.org/>

National Institute of Mental Health <http://www.nimh.nih.gov/>

National Center for Health Statistics <http://www.cdc.gov/nchs/fastats/suicide.htm>

North Dakota Kids Count <http://www.ndkidscount.org/health/deathdata.htm>

Youth Risk Behavior Surveys <http://www.dpi.state.nd.us/health/YRBS/index.shtm>

North Dakota Department of Health Injury Prevention and Control

<http://www.ndhealth.gov/injury/>

Suicide Prevention Resource Center (SPRC) [http://www.sprc.org/about\\_sprc/index.asp](http://www.sprc.org/about_sprc/index.asp)

The President's New Freedom Commission on Mental Health, Final Report 2003

<http://www.mentalhealthcommission.org/>

North Dakota Suicide Prevention Plan 2005

[http://www.ndhealth.gov/injury/Publications/Suicide Prevention Plan.pdf](http://www.ndhealth.gov/injury/Publications/Suicide%20Prevention%20Plan.pdf)

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<http://dx.doi.org/10.1002/mhw.20062>

National Center for Injury Prevention and Control: Suicide Prevention Strategies and Links

<http://www.cdc.gov/ncipc/factsheets/suicide-prevention.htm>

World Health Organization, Mental Health: Suicide Prevention (SUPRE)

[http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/index.html](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/index.html)

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